

BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of

**MICHAEL P. RIDGE, M.D.**

License No. 15513  
For the Practice of Allopathic Medicine  
In the State of Arizona.

Case No. MD-12-1172A

**FINDINGS OF FACT, CONCLUSIONS  
OF LAW AND ORDER**

(Letter of Reprimand and Probation)

The Arizona Medical Board ("Board") considered this matter at its public meeting on June 6, 2013. Michael P. Ridge, M.D. ("Respondent") appeared with legal counsel Scott J. Hergenroether before the Board for a Formal Interview pursuant to the authority vested in the Board by A.R.S. § 32-1451(H). The Board voted to issue Findings of Fact, Conclusions of Law and Order after due consideration of the facts and law applicable to this matter.

**FINDINGS OF FACT**

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of license number 15513 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-12-1172A after receiving a complaint regarding Respondent's care and treatment of a 47 year-old male patient ("DS") alleging inappropriate prescribing, and failure to properly diagnose and treat.

4. On July 25, 2011, DS established care at Cottonwood Medical Center (CMC) and was seen by Respondent's Physician Assistant (PA) for left foot pain for six months, and he was prescribed Norco and Lyrica. DS did not report that he had received a prescription for #30 Norco at an urgent care the previous day or that he had received additional narcotics from other providers.

1           5.     On July 30, 2011, Respondent saw DS and provided a 10-day supply of  
2 Percocet. DS returned to CMC four days later and received an early prescription for  
3 Percocet, and he was referred to neurology.

4           6.     Five days later, DS saw Respondent and received a prescription for a 30-day  
5 supply of Percocet. He subsequently called and reported that he accidentally threw away his  
6 medication and received prescriptions for Lorazepam and Oxycodone-Acetaminophen.

7           7.     On August 16, 2011, DS was seen by neurology and was prescribed #60  
8 Oxycontin. On August 22, 2011, DS received additional prescriptions for Percocet and  
9 Lorazepam. Four days later, he called for more medication and was told it was too early.

10          8.     On August 28, 2011, DS was seen in the ER for chest pain and anxiety. He  
11 was prescribed Lorazepam and discharged.

12          9.     DS returned to CMC the following day and a Controlled Substance  
13 Prescription Monitoring Program (CSPMP) query showed that he received narcotics from  
14 multiple providers. The PA provided prescriptions for Clonazepam and Percocet.

15          10.    On September 6, 2011, DS returned to CMC and received a prescription for  
16 #56 Percocet. On September 19, 2011, DS saw a pain management specialist. A lumbar  
17 sympathetic block was performed and DS was prescribed Percocet.

18          11.    Two days later, DS was seen at CMC pain improvement was noted. DS  
19 reported craving opioids after running out a few days previously. The PA's assessment  
20 included opioid dependence and opioid withdrawal, and he prescribed a 14-day tapered  
21 dose of Hydrocodone-Acetaminophen. Three days later, Respondent saw DS and wrote a  
22 duplicate prescription for Hydrocodone-Acetaminophen. On September 26, 2011, DS  
23 returned to CMC and received a prescription for Percocet. Four days later, the PA saw DS  
24 and provided another Percocet prescription.

1           12. On October 4, 2011, DS returned to CMC and was prescribed Clonazepam  
2 and Percocet. He later obtained narcotic prescriptions from urgent care providers and  
3 requested to fill his Percocet early. The request was granted, with documentation that DS  
4 would no longer obtain pain medications from Respondent or his PA.

5           13. The pain management provider subsequently ordered a lumbar MRI and  
6 prescribed Percocet. After the MRI was obtained, DS received an additional prescription  
7 for Percocet of increased strength.

8           14. On November 11, 2011, DS returned to CMC, and the PA's assessment  
9 included opioid dependence and drug seeking behavior. DS was later discharged from the  
10 clinic. DS established care with another provider, reported that he was addicted to  
11 Percocet and experiencing withdrawal, and he was started on Suboxone.

12           15. The Medical Consultant (MC) observed that Respondent provided early  
13 prescriptions for narcotic medications after a CSPMP query showed that DS had received  
14 narcotics from other sources. The MC further observed that the chart notes of Respondent  
15 and his PA showed duplication of large amounts of information from previous notes.

16           16. During the Formal Interview, Respondent admitted that he had missed  
17 significant red flags in managing the patient.

18           17. At the Formal Interview, Board members expressed concern that  
19 Respondent had taken an intensive course in prescribing prior to treating DS, but seemed  
20 to have learned nothing from that experience.

21           18. Board members also took issue with Respondent's recordkeeping, which  
22 continued to be poor even though he had been sanctioned in the past for deficiencies in  
23 his patient charts.

24           19. The standard of care when the patient has a CSPMP profile that shows he  
25 received additional narcotics from other providers requires a physician to address this

1 finding with the patient and discontinue narcotic medications or a narcotics contract  
2 signed.

3 20. Respondent deviated from the standard of care by providing early  
4 prescriptions of narcotic medications after a CSPMP query showed that DS received  
5 narcotics from other sources.

6 21. There was potential to propagate narcotic prescription misuse and abuse.  
7 There was also potential for overdose on the narcotic prescriptions.

### 8 **CONCLUSIONS OF LAW**

9 1. The Board possesses jurisdiction over the subject matter hereof and over  
10 Respondent.

11 2. The conduct and circumstances described above constitute unprofessional  
12 conduct pursuant to A.R.S. § 32-1401(27)(e) ("[f]ailing or refusing to maintain adequate  
13 records on a patient.")

14 3. The conduct and circumstances described above constitute unprofessional  
15 conduct pursuant to A.R.S. § 32-1401(27)(q) ("[a]ny conduct or practice that is or might be  
16 harmful or dangerous to the health of the patient or the public.").

### 17 18 **ORDER**

19 IT IS HEREBY ORDERED THAT:

20 1. Respondent is issued a Letter of Reprimand.

21 2. Respondent is placed on probation for three years with the following terms  
22 and conditions:

23 a. **Monitor**

24 Respondent shall within 30 days of the effective date of this order, enter a  
25 contract with a Board pre-approved monitoring company ("the Monitor") to provide all

1 monitoring services. Respondent shall bear all costs of monitoring requirements and  
2 services.

3 b. Chart Reviews

4 The Monitor shall conduct quarterly chart reviews. Based upon the chart  
5 reviews, the Board retains jurisdiction to take additional disciplinary or remedial action.

6 c. Obey All Laws

7 Respondent shall obey all state, federal and local laws, all rules governing  
8 the practice of medicine in Arizona, and remain in full compliance with any court ordered  
9 criminal probation, payments and other orders.

10 d. Tolling

11 In the event Respondent should leave Arizona to reside or practice outside  
12 the State or for any reason should Respondent stop practicing medicine in Arizona,  
13 Respondent shall notify the Executive Director in writing within ten days of departure and  
14 return or the dates of non-practice within Arizona. Non-practice is defined as any period of  
15 time exceeding thirty days during which Respondent is not engaging in the practice of  
16 medicine. Periods of temporary or permanent residence or practice outside Arizona or of  
17 non-practice within Arizona, will not apply to the reduction of the probationary period.


18 **RIGHT TO PETITION FOR REHEARING OR REVIEW**

19 Respondent is hereby notified that he has the right to petition for a rehearing or  
20 review. The petition for rehearing or review must be filed with the Board's Executive  
21 Director within thirty (30) days after service of this Order. A.R.S. § 41-1092.09(B). The  
22 petition for rehearing or review must set forth legally sufficient reasons for granting a  
23 rehearing or review. A.A.C. R4-16-103. Service of this order is effective five (5) days after  
24 date of mailing. A.R.S. § 41-1092.09(C). If a petition for rehearing or review is not filed,  
25 the Board's Order becomes effective thirty-five (35) days after it is mailed to Respondent.

1 Respondent is further notified that the filing of a motion for rehearing or review is  
2 required to preserve any rights of appeal to the Superior Court.

3 DATED AND EFFECTIVE this 8<sup>th</sup> day of AUGUST, 2013.

4 ARIZONA MEDICAL BOARD

5  
6 By   
7 Lisa S. Wynn  
8 Executive Director  
9

10 EXECUTED COPY of the foregoing mailed  
11 this 8<sup>th</sup> day of August, 2013 to:

12 Scott J. Hergenroether, Esq.  
13 Ledbetter Law Firm  
1003 Main Street  
Cottonwood, AZ 86326

14 ORIGINAL of the foregoing filed  
15 this 8<sup>th</sup> day of August, 2013 with:

16 Arizona Medical Board  
9545 E. Doubletree Ranch Road  
17 Scottsdale, AZ 85258  
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20 Arizona Medical Board Staff  
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